PTO/SB/17 (10-08)
Approved for use through 06/30/2010, OMB 0651-0032
rademark Office 11 S DECADO:

Under the Paperwork Reduction Act of 1995 no persons are required to re Effective on 12/08/2004. Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application Number 10/5		0/534,043	1,043 Con		.: 2803
FEE TR	L	Filing Date							
Fo		First Named Inventor Nobuo			SAKAGUCHI				
	_	Examiner Name J. HAMA							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1632			
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket	No. 4	4456-0104PUS1			
METHOD OF PAYMEN	T (check al	I that apply)							
Check Credit	Card :	Money Order	None	Other (p	lease iden	tify):			
Deposit Account	Deposit Accour	nt Number: 02-2448		Deposit Ac	count Nam	ne:			
		account, the Director	is here	by authorized to:	(check a	II that app	ly)		
Charge fee(s) indicated b	elow		Charge	e fee(s) ii	ndicated b	elow, exc	ept for the	filing fee
Charge any under 37 CF under 37 CF (ARNING: Information on the formation and authorization	R 1.16 and 1 is form may b	ecome public. Credit ca			-	payments ded on this	s form. Pro	vide credit o	ard
FEE CALCULATION									
. BASIC FILING, SEA									
	FILING	FEES S Small Entity	EARC	CH FEES Small Entity	EXAM	NATION Small E			
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (E) Fee		Fees F	aid (\$)
Utility	330	165 5	540	270	220	110)	-	
Design	220	110	100	50	140	70)		
Plant	220	110 3	330	165	170	85	5		
Reissue	330	165	540	270	650	325	5		
Provisional	220	110	0	0	0	()		
EXCESS CLAIM FE	ES							Small Entit	Y
Fee Description	r					<u>Fe</u>	se (\$) 52	Fee (\$) 26	
Each claim over 20			. \				220	110	
Each independent claim over 3 (including Reissues)								195	
Multiple dependent claims Total Claims							390 195 Multiple Dependent Claims		
12 - 20 or HP = 0 x = 0.0						Fee (\$)			id (\$)
HP = highest number of total	al claims paid f	or, if greater than 20.				_			
Indep. Claims 3 - 3 or HP =	Extra Clai 0	ms Fee (\$)		Paid (\$) 0.00			-		
HP = highest number of inde									
. APPLICATION SIZE If the specification and	d drawings	exceed 100 sheets of	of pap	er (excluding e	lectroni	cally file	d sequen	ce or com	puter
), the application si				small ent	ity) for e	each additi	onal 50
Total Sheets	Extra She		óf eách	additional 50 c	r fráctio		Fee (\$) <u>Fe</u>	e Paid (\$) 0.00
100 =	0	/50 =0	J	(round up to a v	vnoie nur	nder) x			0.00
. OTHER FEE(S) Non-English Specif	ication, \$	130 fee (no small e	ntity d	liscount)				<u>F</u>	es Paid (\$
Other (e.g., late filin	ng surcharg	e):_1 Mo EOT							130.00
JBMITTED BY	/								
Ignature Registration No. 28977							Telephone 703-205-8000		
ma (Deint/Toma) Carolel A	1./	1 11	V				DetAIO V	082	110

Name (PrintType) Gerald M. Nurrity, Jr.

This collection of information is required to chain or retain a benefit by the policy which is to fine fixed by the required to chain or retain a benefit by the policy which is to fine fixed by the recommendation is required to chain or retain a benefit by the policy which is to fine fixed by the recommendation is required by \$5.1 U.S. (25 and 97 or 781, 1.4. This collection is estimated to take 30 minutes to complete, the relative policy and submitted application from the USPTO. There will vary depending upon the individual control application from the individual control application from the policy of the recommendation of the recom ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.